

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C0001003</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - 11141 PARKVIEW PLAZA DR</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/19/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER SURGERY CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 PARKVIEW PLAZA DRIVE, SUITE 200</b> <b>FORT WAYNE, IN 46845</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 12/20/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 02/19/13</p> <p>Facility Number: 005385 Provider Number: 15C0001003 AIM Number: 200349460A</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Premier Surgery Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies.</p> <p>This facility is located on the second floor of a three story building. The facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with duct detectors in the ventilation system and smoke detection in the mechanical rooms.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/21/13.</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.